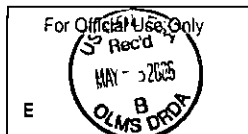


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>25460</u>	2. Fiscal Year Covered From: <u>1/1/2005</u> Through: <u>12/31/2005</u>
3. Name and address of person filing. Name <u>John L Tippie</u> P.O. Box, Bldg., Room No., if any _____ Street <u>26671 Trophy Ln</u> City <u>Kingston</u> State <u>WA</u> ZIP Code + 4 <u>98346</u>	4. Name, file number, and address of labor organization. Name <u>Laborens International Union</u> Labor Organization File Number <u>000-131</u> P.O. Box, Building and Room Number, if any _____ Street <u>905 16th Street NW</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>International Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>None</u> Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>None</u> 7.b. Amount. <u>None</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>John S. Tippie</u>	On <u>Apr 17, 2006</u> <u>360.509.1697</u> Date Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Go Live Web Design</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 1623</u></p> <p>Street _____</p> <p>City <u>Kingston</u></p> <p>State <u>WA</u> ZIP Code + 4 <u>98346</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>None</u></p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Web site Design for LIUNA NW office</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$600</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Payment for services, spouse owns Go Live Web Design</u></p> <p>12.b. Amount. <u>\$600</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>None</u></p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p><u>None</u></p>
<p>13.b. Is the Business an Employer <u>None</u> or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p><u>None</u></p>

April 17, 2006

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for John Tippie

Dear Sir or Madam:

Enclosed please find my Labor Organization Officer and Employee Report LM-30 for the 2005 reporting period. In filing the report, I have reviewed all of my available 2005 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of any benefit received where I have no knowledge as to an exact amount.

I am not reporting any benefits that I may have received in 2005 from labor organizations affiliated with the Laborers' International Union of North America (LIUNA), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report but on the LM-2 report, and I am following that guidance.

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards

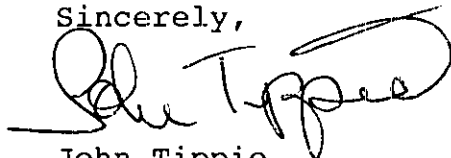
April 17, 2006

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It may be possible that a covered employer or business not listed on my LM-30 report for 2005 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2005.

Sincerely,

A handwritten signature in black ink, appearing to read "John Tippie", with a large, stylized flourish extending from the end of the signature.

John Tippie